Reg. Dist. No. 4/

TY OR TOWN (IF	outside corporate limits,	write c. LENGTH OF STA							
	oro	17 Yr	4. 4	Greensh		limits, write RL	JRAL and give r	eorest town	n)
AME OF HOSPITA	L (If not in hospital, giv None	e street oddress)	d. 1	STREET ADDRESS	Nor	ıe			SIDENCE A FARM?
ASED	Lulu	Midd E •		tlett	4. DATE OF DEATH	Mon1 10	3		Year 1957
emale	With did in a		0/	OF BIRTH 30/1881	9. /				ER 24 HRS. Min.
ing most of working USEKEE	N (Give kind of work doing life, even if retired)	10b. KIND OF BUSINESS None	OR INDUSTRY 11.		_	γ)			COUNTRY
	rancis A.	Bartlett	14. M			fer			
DECEASED EVER	IN U. S. ARMED FORCE I yez, give wor or dates of serv	16. SOCIAL SECURITY None			o Gree			ylan	ıd
1.50.0 onditions, if on over rise to im ese (a), stating th ng couse lost.	DUE TO y. which he under-	Onl	erio 1	dellin	eh			4 (yen
							EN IN PART 1(0)	PERFC	PRMED?
		20d. INJURY OCCURRED While Not while of work dr work	20e, PLACE OF I factory, stre	NJURY (Home, form et, office bldg., etc.	, 20f. (City or t	own)	(Count	rì	(State)
ve an CD	Aaul	deceased fram All , 1957, and the	at death accuri	·	AM, from th	e causes a	nd an the d	ate state	
ME (Type) H									
AOVAL (Specify)	10/6/57					y. Ma			e}
	CAUSE OF DEAT PART I. DEAT PART I. DEAT Conditions, if on ove rise to im rese (a), stoling it rese (b), stoling it rese (c), stoling it rese (c) re	ASED OF Print) Lulu 6. COLOR OR RACE White White UAL OCCUPATION (Give kind of work do ing most of working life, even if retired) USE KEEPER HER'S NAME Francis A. BECEASED EVER IN U. S. ARMED FORCE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o] DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year HOUR D. m. 19 I certify that I attended the cause Ve an Cause OF DEATH LITHER SIGNIFICANT CONDITION TO THE OF INJURY MONTH, Day, Year HOUR D. m. 19 I certify that I attended the cause Ve an Cause OF DEATH LITHER SIGNIFICANT CONDITION TIME OF INJURY Month, Day, Year HOUR D. m. 19 RIAL, CREMATION, 22b. DATE THEREOF MOVAL (Specify)	ASED OF Print) LULU E. COLOR OR RACE White WIDOWED DIVORED INTO BUSINESS DUSC KEEP PET DECEASED EVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO CAUSE OF DEATH [Enter only one cause per line for (o), (b), and part in the under of service) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUIT TO DUIT TO ACCIDENT WAS UNDERLYING CONTRIBUTING TO E ACCIDENT WAS UNDERLYING CONTRIBUTION TO E	ASSED OF PRINT) LULU E. BAT 6. COLOR OR RACE MITTED MITTE	ACCIDENT WAS UNDERLYING OR FACE (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINE (C). P. MAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINE (C). P. M. D. M. D. M. DESCRIBED TO MAKE (D). ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH HOUR SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF INJURY MEDICAL EXAMINER) TIME OF INJURY MEDICAL EXAMINER TIME OF INJURY MEDICAL EXAMINER TOTAL THE CONTRIBUTION OF THE PROPERTY OF THE P	insperial in the property of print in the property of print in the pri	ASED COLOR OR RACE T. MARRIED NEVER MARRIED B. DATE OF BIRTH P. AGE (In years top print) P. AGE (In years top pr	ASPED Lulu E. Bartlett DEATH 10 3 10 10 10 3 10 10	Bartlett DEATH 10 30 10 10 10 10 10 10 10 10 10 10 10 10 10

id in by the funeral directar, and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 more the relained by the harpital at attending physician.

O FLA AL DIRECTOR: After this certificate has been signed by the attending physician and campletely finds.

pag.—Thauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pag the registrar priar to burial, crematian, or remayal, and in any event within 72 hydrs after death. TO FLY

VS ATS (4) ISM 9/SS

THE PROPERTY OF THE PARTY OF TH

. OND DESCRIPTION SERVICES

1961 DT 100

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH please exe-10464 cremotian. Them 9 FilmG222 Reg. Dist. No. PLACE OF DEATH 2. USUALCRESIDENCE (Where decedfed lived. If institution, Relidence before admission) a. COUNTY O. STATE b. COUNTY MARYLAND burial, Page necessary, b. CITY OR TOWN His outside corporate limits, write BURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If solvide corporate limits, write RURAL and give nearest town) and give nearest so 0 director. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stront address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? .10 files. delay YES NO Z 3. NAME OF Middle 4. DATE Month Day Year DECEASED any (Type or print) DEATH 195 3 to the furtained for y 6. COLOR OR RACE 7. MARRIED NEVER MARRIED P B. DATE OF BIRTH 9. AGE (In years may be retained for IF UNDER TYEAR IF UNDER 24 HES lost birthday) Months Days Hours Min. WIDOWED [DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? and ci 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 1, poges 'n Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address within pending" in pencil in Item 18. Givener's Office along with farm PM3. Per oe used as a burial-transit permit. File 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN executed ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4421 DUE TO Conditions, if ony, which gove rise to immediate cause shauld DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS) PERFORMED? YES [NO D Examiner's 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH. word 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED ertificate, writing the war it to the Chief Medical E. https://www.ninecton. 20e, PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour Not while of work p. m. at work 21. I certify that I taak charge of the remains described above, held an Autopsy 1. Inspection A. Inquiry IX, and find that death resulted from: Natural causes Accident . Suicide . Hamicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL OK. ASSISTANT MEDICAL EXAMINER aval NAME (Type) DEPUTY MEDICAL EXAMINER 220 BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOSATION (Sity, Jown, or county) Far 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY SEGISTRAR 24b REGISTRAR'S SIGNATURE VS. A15ME(5) SM 9/55

MEDIT AN EX AMINER'S CERTIFICATE OF SATH

BUREAU V. A.

7201 3 VON



1	Item	18Film222	,
	1. PLACE a. CO	OF DEATH	1

10465

Reg. Dist. No.

	g. COUNTY	owoline		MAR	YLAND	2. USUAL RESID	0.43	re deceased	lived. If institut b. COUNT	1 ~		nission)
-		aroline outside corporate limits	write	c. LENGTH OF STAY		CITY OR TO	Md.	tulda cornar	ate limits, write		line	nun)
-	RURAL and give ner	arest lown)	s, *******				•	-			ve neorest n	ower)
ŀ	Choptan				ife			Pres	ston, L	id. X	6	
1	OR INSTITUTION	AL (If not in hospital, gi		odaress)		d. STREET AC				1	10	RESIDENCE
	M	ain Stree	t			sa	me				YES	□ NO □
	B. NAME OF DECEASED (Type or print)	Effie C.		Middle Wis	•	Lost		4. DATE OF DEATH	Oct. 3	of I9	Doy	Yeor 19
	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED I	DATE OF BIRTH			9. AGE (In years lest birthdoy)	-		NDER 24 HRS.
	fem.	white	WIDOWE	DIVORCE	ED []	April 2	8,19	00	57 yrs		Days Hou	rs Min,
h	00. USUAL OCCUPATIO	N (Give kind of work d	one 10b.	KIND OF BUSINESS	OR INDUST				untry)	12. CITI	ZEN OF WE	AT COUNTRY?
ł	during most of worki	ing life, even if retired)		ickle fa	etor	Dre	ston	, Md		T	s.	Α.
1	3. FATHER'S NAME			TOVIC TO	0 001	14. MOTHER'S			•		7 8 12 8	23.4
		iam E. Le	wis			Ma	rv H	ubbas	rd.			
li	5. WAS DECEASED EVER			SOCIAL SECURITY NO). 17. IN	FORMANT				dress		-
ı	(Yes. no. or unknown)	If yes, give wer or dates of ser		220-03-6	699	W. E.	Lewi	S	Presto	n. Md		
F		TH [Enter only one cou										BETWEEN
		TH WAS CAUSED BY:	1	n. T. T	1.5	Page 1		000			ONSETA	ND DEATH
Y	1000	IMMEDIATE CAUSE (o)		nigocia	40	Trimar	MEN.	e uni	cnown		-	monus
4	17717	DUE TO		Nont	11.	0					2	Info.
ı	Conditions, if on			mean.	face	ure					1	wis.
ı	couse (o), stoting the lying couse lost.		William was a second	Dehyd	nate	04					34	ules.
	PART II. OTH PART II. OTH 200. ACCIDENT WAS OR CONTRIBUTING If EITHER, NOTIFY	ER SIGNIFICANT CONE	DITIONS C	CONTRIBUTING TO DE	EATH BUT I	NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION G	VEN IN PART	PE	REPORTED PSY
l	200. ACCIDENT WAS	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY C	CCURRED	. (Enter noture of	injury in Po	ort I or Part	It of item 18.)			
١	20c. TIME OF INJURY Hour e.m.	Y Month, Day, Yea	While	NJURY OCCURRED Not while of work		CE OF INJURY (H ory, street, office			or town)	(Co	ounty)	(State)
ı	21 I cortify the	at I attended the	decens	ed from 8	-15	- 19.55	to	10 -	28-105	7 that I le	nst sow t	ne deceased
	alive on	10-28-	. 195	2, and that	. death		75	M from	the course	and an th	a data st	ated above
ı	dive on	1/		n', and ma	dedin	accorred at_			reel, city or town		e ddie si	DATE SIGNED
L	ACTUAL	P. P. Kin	100	Heines		F		100	Kuno	in	2.1	11. 1-CV
Ì	SIGNATURE	1 (1700	gs	viery	N	l.D	2_CALC	Mile.	wing		Ed	1-1-3-1
ı	PHYSICIAN'S NAME (Type)		0	0								
F	220. BURIAL, CREMATION	N, 22b. DATE THEREO	F	22c. NAME OF CEN	AETERY OR	CREMATORY		22d. LOCAT	ION (City, tawn,	or county)	(5	itote)
	DUFTE	Nov.2,1	1957	Chopta	nk C	emetery	F	Cho	ptank,	Mid.		
	3. FUNERAL DIRECTOR	SIGNATURE		ADDRESS			24a. REC'D	BY REGIST	RAR 24b. REG	ISTRAR'S SIG	NATURE	

Federalsburg.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often death. Page 4 TO FU VS A15 (4) 15M 9/55

may be retained by the hospital ar attending physician.

• FU AL DIRECTOR: After this certificate has been signed by the attending physician and completely page 5 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pag the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death.

in by the funeral director, and and 2 should be filed with

00

CERTIFICATE OF DEATH

- New year of the same

BUREAU V. S.

- DUC - 15.

1991 9 YOM

BECENTED

T	U	4	U	1
	-			

		7.04	55	CERTI	IFICA	AIE O	PUEMI	П		Re	g. Dis	t. No.	64	E
1.	PLACE OF DEATH	oline		MAR	PLAND	2. USUAL o. STA	RESIDENCE (W	there deceased land		UNTY C				ion)
	b. CITY OR TOWN (I RURAL and give on Federa.	f outside corporate limi corest town) LSDUNG	ts, wrîle	29 year		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Federalsburg								
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Preston Road						eet address Pres	ston R	oad					SIDENCE FARM?
3.	NAME OF DECEASED (Type or print)	Fir Alice		Gertru	de	1	lon lagee	4. DATE OF DEATH	Oct	Month		27		Yeor 57
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER I				DIVORCE	0		16, 19		9. AGE (In sorth	yeors IF U doy) Mo yrs.		1 YEAR Days	Hours	ER 24 HRS. Min.
	tions	ON (Give kind of work king life, even if retired GWOIK	done 10b.	Home	OR INDUS	Ne	w York	City	country)			U.S.		COUNTRY?
		ew Walker					ers maiden Barah Ja		eppard					
IS.		R IN U. S. ARMED FOR (If yes, give war ar dates of s	ervices	social security no U nknown		harle:	A. Mag	gee, F	ederal	Address sburg	, Ma	aryl	Land	
		mmediate (, <u>1</u>	re for (o). (b). ond (c). Cerebral typertes	he	morr on	hage.	, ma	ssive	1			RVAL BEET AND	years Years
TIFICATION		AS UNDERLYING DICAUSE OF DEATH	DITIONS	CONTRIBUTING TO DE							N PART	1(0) 15	PERFC	AUTOPSY DRMED?
MEDICAL CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. j., p. m.	MEDICAL EXAMINER)	20d. II White at wor		for	tory, street,	JRY (Home, for office bldg., et	m, 20f. (Cit	y or town)		(C	ounty)		(Stote)
	21. I certify the alive on	of lattended the (0-27- Obert Robert C.	125	7.4	ry		SS. to ot 2:15] Fede	M, fro	m the caus	ses and town, state	on th	e dat	e state	ed above. ATE SIGNED
	BURIAL, CREMATIO REMOVAL (Specify) Burial	Oct.31,1	957	22c. NAME OF CEM Federal	Hill	Ceme	tery	Fed	tion (city, to leralsb	urg,	Mar	-		o)
23.	J.J. Frampt	om and Son	Fed	eral burg,	Mar	yland		0 BY REGIS	1 in	registra				ow

in by the funeral director, and 2 should be filed with ATTENDING PHYSICIAN: The low requires that the death serifficate be executed within 22 hours after death. Mage is may be retained by the haspital ar attending physician.

O FUN C DIRECTOR: After this certificate has been signed by the attending physician and campletely filly page mould be detached far use as the burial-transit permit. Then please remove carbon papers. Page the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs offer-death.

0

TO HOSPITAL ON TO FUN VS A15 (4) 15M 9/55

BUREAU V. S. The second of th

4961 4 NON

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10467

1010.			Reg. 1	Dist. No.
1. PLACE OF DEATH Caroline	MARYLAN	2. USUAL RESIDENCE (Where dece	h county	dence before admission)
b. CITY OR TOWN (If outside corporate limits, write and give necrest found — Rural	c. LENGTH OF STAY IN 11	c. CITY OR TOWN (If outside co	-	nd give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (1) Near Smithson	f not in hospital, give street address)	d. STREET ADDRESS / Near Smith	nson	o, IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) JOSE		Pancoast Sr SEATH	Month October	Doy Year 21 1957
5. SEX 6. COLOR OR RACE White	7- MARRIED NEVER MARRIED NIDOWED DIVORCED	8. DATE OF BIRTH February 26, 1882	9. AGE (In year. IF UNDE lest birthday) 75 yrs. Months	R TYEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of wark of during most of working life, even if retired) Netired Machinist	Baldwin Locomoti		country) 12. CI	TIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Stacy C. Pancoast	t	Philena W. Mye	ers	
15. WAS DECEASED EVER IN U. S. ARMED FOR [Yes. no. or unknown] [If yes, give wor or deter of a		Charles G. Pancoas	Address	New Jersey
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) L4 20. / DUE TO Conditions, if any, which gove rise to immediate cause (a), stating the underlying Couse last. (c).	Coronary 6	laluosis		24n-
ICATIC		NOT RELATED TO THE TERMINAL DISEA		RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port I	I of item 18.)	
ZOc. TIME OF INJURY Month, Day, Year Have a. m. 19		ACE OF INJURY (Home, farm, clary, street, effice bldg., etc.)	ly or town) (Co	aunty) (State)
21. I certify that I tack charge death resulted from: Natural a			Indetermined cause	iry _, and find tha]. DATE SIGNED
220. BURIAL, CREMATION, 226. DATE THEREOF	George, M.D.	DEPUTY MEDICAL EXAMINER R CREMATORY 22d, LOC		
REMOVAL (Specify) Burial Oct. 25,1			verton, New Jo	ersey
J.J. Framptom and Son,	Federalsburg, Mar	yland 246. REC'D 8Y REGIS	- 0	W. Plyman

VS. A35ME(5)

or removal

BUREAU V. S. OCL 84 1021

, and		10468 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	_
Mi)	1,	e. COUNTY CAROLINE MARYLAND 2. USURIDAGIDENOR (Where deceased lived, If Institution: Resigned before offinission of STATE) CAROLINE MARYLAND 2. USURIDAGIDENOR (Where deceased lived, If Institution: Resigned before offinission of STATE)	2)
	L	b. CITY OR COVEN (If outside corporate limits, write RURAL and give nearest town) and give report from 40 X 3	V
00	L	d. RAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDE ON A FA YES N	ARM?
	L	NAME OF DECEASED (Type or print) ALFRED Middle RAUGHLEY 4. DATE OF DEATH OF 2 194	
	5.	SEX M 6. CÓLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19. AGE (In 1961s) IF UNDER 17 Months Days Hours Mir	in.
1	4	WAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (blode or foreign country) 12. CITIZEN OF WHAT COUNTRY TOWN OWNER OWNER OF WHAT COUNTRY TOWN OWNER	JNTRY?
		FATHER'S NAME LOSSING Rangles 14. MOTHER'S MAIDEN WIME - Dre.	
1)	15. (Ye	5. WAS DECEMBED EVER IN U. S. ARMED FORCES? 16. SOCIAL RECURITY NO 11. INFORMANT On or unknown [1] If you, give wor or dates of service? 16. SOCIAL RECURITY NO 11. INFORMANT ON THE CONTROL OF THE CON	t
		18. CAUSE OF DEATH [Enter only one couse per line for (o) Ab), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MY CONSTAND DEATH SEA	Tu
		Conditions, it any, which to Mysearchel's Chronice	1
		gove rise to immediate ceuse (a), stating the underlying cause last. (c)	,
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTO- PERFORMENT OF THE PERFORMENT OF	
	L CERTIF		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40. PLACE OF INJURY (Home, form, factory, street, office bidg., etc.) (City or town) (County) (SI p. m. 19 of work o	itote)
		21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .	1 that
· 65		ACTUAL SIGNATURE DATE SIGNATURE DATE SIGNATURE DATE SIGNATURE	ED
-		EXAMINER'S DAYSOND CON CO DEPUTY MEDICAL EXAMINER (Type)	57
	3	SEURIAL, CREMATION, 12th DATE THEREOF 22c, NAME ON CEMETERY OF CREMATORY 22d-LOCATION (City James or county) (State)	
But	23.	FUNERAL DIRECTOR'S SIGNATURE 1240. REC'D BY KGISTRAR 246. REGISTRAR'S SIGNATURE DATE 1015/57 Dm D J LEUT &	
1	5		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10468

BUREAU V.

ELGIED SHEDER ME

with the state of the second to

Z961 & 10c

BECENED

within 24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. S. 0CL 83 1821